

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

36289

State File No. 170

FILED OCT 24 1957

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 150 PRIMARY REG. DIST. NO. 4239 Registrar's No. 179

1. PLACE OF DEATH a. COUNTY <u>Jackson</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Jackson</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Lee's Summit</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Lee's Summit,</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>608 So. Jefferson St.</u>		d. STREET ADDRESS (If rural, give location) <u>107 East 1st.</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Alfred</u>	b. (Middle) <u>----</u>	c. (Last) <u>Rinkler</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Oct. 18, 1957</u>
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5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widower</u>	8. DATE OF BIRTH <u>Dec. 25, 1871</u>	9. AGE (In years last birthday) <u>85</u>	IF UNDER 1 YEAR Months Days	IF UNDER 12 HRS. Hours Mins.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Salesman</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Cement</u>	11. BIRTHPLACE (State or foreign country) <u>Wayne County, Iowa</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
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13a. FATHER'S NAME <u>Joseph Rinkler</u>	13b. MOTHER'S MAIDEN NAME <u>Mary Stohl</u>	14. NAME OF HUSBAND OR WIFE <u>Deceased</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No.</u>	16. SOCIAL SECURITY No. (If yes, give war or dates of service) <u>478-12-1612</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Earl Rinkler, 606 Florence, Lee's Summit, Mo.</u>	ADDRESS <u>Lee's Summit, Mo.</u>
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>6 mo</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinoma of Pancreas</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? <u>2</u> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>157X</u>
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (m.)	21e. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from 10-20-1956, to 10-17-1957, that I last saw the deceased alive on 10-17-1957, and that death occurred at 12:07 m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>J.R. Jenkins</u>	23b. ADDRESS <u>202 320 So Douglas Summit Mo</u>	23c. DATE SIGNED <u>10-19-57</u>
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24a. BURIAL, CREMATION REMOVAL (Specify) <u>Removal</u>	24b. DATE <u>Oct. 20, 1957</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Rest Haven Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Des Moines, Iowa</u>
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DATE REC'D BY LOCAL REG. <u>10-19-1957</u>	REGISTRAR'S SIGNATURE <u>N.B. Bangs</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Langsford Funeral Home</u>	ADDRESS <u>Lee's Summit Mo.</u>
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(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

483-0

OCT 23 1957

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by \_\_\_\_\_

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student \_\_\_\_\_

Student Embalmer

Signed

*N. B. Langford*

Licensed Embalmer No. 4962

P. O. Address Keosauqua, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.